



U.S. Application No. 09/436,870
Reply to Office Action dated August 11, 2005

PATENT
450100-02164

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Shigeru Yoshino, et al.
Serial No. : 09/436,870
For : DATA RECORDER-REPRODUCER AND BIT MAP DATA PROCESSING METHOD, CONTROL PROGRAM PROCESSING METHOD AND SETTING DATA PROCESSING METHOD OF DATA RECORDER-REPRODUCER
Filed : November 9, 1999
Examiner : Onuaku, Christopher O.
Art Unit : 2616
Confirmation No. : 7248

745 Fifth Avenue
New York, NY 10151
(212) 588-0800

EXPRESS MAIL

Mailing Label Number: EV 723367097 US

Date of Deposit: October 26, 2005

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Charles J. Lee
(Typed or printed name of person mailing paper or fee)

Charles J. Lee
(Signature of person mailing paper or fee)

**AMENDMENT SUBMITTED WITH
REQUEST FOR CONTINUED EXAMINATION**

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandri, VA 22313-1450

Sir:

In response to the Final Office Action mailed August 11, 2005, having a three-month statutory period for response set to expire on November 11, 2005, Applicants submit



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DATA RECORDER-REPRODUCER
Examiner : Onuaku, Christopher O.
Art Unit : 2616

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	20	Minus	** = 20	* 0 x	\$50 (25)	= \$ 0
Independent claims	6	Minus	*** = 6	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid , or is paid herewith .

This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$____ is attached, which covers the cost of additional claims ___ petition for extension of time.

Charge \$____ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Alexandria, VA 22313-1450.

Charles J. Presson
(Typed or printed name of person mailing paper or fee)

Charles J. Presson
(Signature of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP

Attorneys for Applicants

By:

Thomas F. Presson
Thomas F. Presson
Reg. No. 41, 442

herewith a Request for Continued Examination (RCE). A check in the amount of \$790.00 is included as payment of the fee. Please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 12 of this paper.